



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE

AUCTIONEER COMMISSION

DAVY CROCKETT TOWER 6th Floor
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1152

Phone: (615) 741-3236

Fax: (615) 741-1245

www.state.tn.us/commerce/boards/auction

(Questions 1 through 6 must be answered or application will be returned.)
APPLICATION FOR GALLERY BRANCH OFFICE LICENSE

This application to be used only by a licensed Gallery owner who desires to maintain a branch office in addition to his principal place of business

1. **Branch** Name _____
(must be same as Principal Gallery)
2. **Mailing** address of Branch _____
(Street & Number) (City) (State) (Zip Code)
3. **Physical** address _____
(Street & Number) (City) (State) (Zip Code) (County)
4. Telephone numbers Phone# _____ Fax# _____ E-Mail _____
5. Owner Name of Gallery Branch Office _____
6. License number of principal gallery _____ Telephone Number _____

AFFIDAVIT FOR GALLERY BRANCH APPLICANT

The undersigned by submitting this application to the Tennessee Auctioneer Commission for a license to carry on the business under the provisions of the Auctioneer's License Act of 1967, as amended, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, and agrees to fully comply. The undersigned further swears (or affirms) that all of the information given in this application is true to the best of his/her knowledge and belief.

Signature: Owner(s) of Business _____

Print Name(s) _____

{If Corporate Owner (s), indicate title (s)} _____

Subscribed and sworn to before me the _____ of _____, _____
Day Month Year

My Commission expires _____, _____, _____
Month Day Year

(SEAL)

Notary Public _____

(County) _____

(State) _____

IN-0412 (Rev.6/04)

SEAL IS MANDATORY